034008-003

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## **UTILITY PATENT APPLICATION TRANSMITTAL LETTER**

## **Mail Stop PATENT APPLICATION**

Customer Number 2 1 8 3 9 Commissioner for Patents

P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclosed for filing is the utility patent application entitled:

IMMUNOGLOBULIN FORMULATION AND METHOD OF PREPARATION THEREOF

by the following named inventor(s):

David J. BURKE, Shaun E. BUCKLEY, Sherwood Russ LEHRMAN, Barbara Horsey O'CONNOR, and James CALLAWAY

Applicant(s) suggests Figure \_\_\_\_ for inclusion on the front page of the patent application publication

	and patent.						
	Applicant(s) requests that the published application include the following assignment information:						
	Small entity sta	itus is claimed.					
Also	enclosed are:						
DR	AWINGS:	sheets of	formal drawings	_ sheets of informal drawings			
DE	CLARATION:	☐ will follow	☐ executed, is enclosed	■ unexecuted, is enclosed			
ASS	SIGNMENT:	☐ is enclosed	☑ will follow				



Attorney Docket No. \_

034008-003

Application No. Unassigned

CLAIM FOR PRIORITY UNDER 35 U.S. C. § 119 and/or 365:	☐ is made in the declaration  Country		Appl. No.		Filing DateDD-MM-YYYY	
	certified co	opy(ies) enclose	ed	certified copy(ies) will follow		
The filing fee hamendment:	an Applica		t (ADS)	ance with the enclosed p	preliminary	
			CLAIMS			
	No. of Claims		Extra Claims	Rate	Fee	
Basic Application Fe		\$ 770.00				
Total Claims	42	MINUS 20 =	22	x \$18.00 (1202) =	\$ 396.00	
Independent Claims		MINUS 3 =	0	x \$86.00 (1201) =	\$ 0.00	
If multiple dependen		esented, add \$	5290.00 (1203)			
Total Application Fe	\$ 1,166.00					
Small Entity State					\$ 0.00	
Add Assignment Re		\$40.00 (8021)	if Assignment doc	ument is enclosed.		
TOTAL APPLICATI	ON FEE DUE				\$ 1,166.00	
☐ This application is respectfully☐ Charge☐ A check in the	requested.			Notice to File Missing F	arts of Application	

W

Attorney Docket No. 034008-003
Application No. Unassigned

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Please address all correspondence concerning this application to:

Burns, Doane, Swecker & Mathis, L.L.P. Customer Number **2 1 8 3 9** P.O. Box 1404 Alexandria, Virginia 22313-1404

Respectfully submitted,

BURNS, DOANE, SWEEKER & MATHIS, L.L.P.

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Filed: February 9, 2004

By \_\_\_\_

Teresa Stanek Rea Registration No. 30,427